

SERVICE SUPPLIER CONTACT INFORMATION

Mail To:

Department of State Police
State 9-1-1 Committee
P. O. Box 30634
Lansing, Michigan 48909-0634
Attention: Mary Jo Hovey

Telephone: (517) 241-0133
Fax: (517) 241-0387
E-Mail: hoveymj@michigan.gov

PLEASE RETURN BEFORE APRIL 14, 2011

I. General Company Name and Contact Information

Full Company Name			Tax ID Number	
Contact Person (Title, First Name, Last Name)				
Address		City	State	ZIP Code
Phone Number	Fax Number	NOC Contact Number	E-Mail Address	

II. Primary Contact Name and Title for 9-1-1 Surcharge Compliance

<input type="checkbox"/> The contact information is the same as above.				
Contact Person (Title, First Name, Last Name)				
Address		City	State	ZIP Code
Phone Number	Fax Number	NOC Contact Number	E-Mail Address	

III. Type of Communication Services Provided

A. Select all applicable types of communication services provided:	
<input type="checkbox"/> VoIP	<input type="checkbox"/> Cable Provider Digital Phone Service
<input type="checkbox"/> ILEC	<input type="checkbox"/> Wireless (CMRS)
<input type="checkbox"/> CLEC	<input type="checkbox"/> Prepaid Wireless
<input type="checkbox"/> Tax Company	<input type="checkbox"/> Reseller
<input type="checkbox"/> Internet	<input type="checkbox"/> Other _____
B. Select all profiles that apply:	
<input type="checkbox"/> Our company DOES NOT provide communication services meeting the statutory definition set out in MCL 484.1102(g).	
<input type="checkbox"/> Our company DOES NOT provide service to customers within the geographical boundaries of the State of Michigan.	
<input type="checkbox"/> Our company DOES provide service within the geographical boundaries of the State of Michigan.	

IV. Form Completion Information

Name of Person Completing Form	Phone Number	Date
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